

## RAPID TRANQUILLISATION FOR AGITATION AND AGGRESSION: CHARACTERISTICS AND MONITORING OF INTRAMUSCULAR USE IN A GENERAL ADULT ACUTE INPATIENT POPULATION

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**Aims:** Intramuscular (IM) medication may be considered as part of an appropriate plan to treat safely patients who are at immediate risk of violence. We aimed to assess the characteristics and monitoring of IM medication use in an inpatient population, in the context of the Sheffield Rapid Tranquillisation (RT) protocol, based on the National Institute for Clinical Excellence (NICE) guidelines.

**Method:** The population studied included 639 discharges from four acute inpatient wards in Sheffield, U.K., from April 2011 to April 2012. Thirty patients who had been administered IM RT were identified. Demographics, Mental Health Act (MHA) status, diagnosis, non-pharmacological interventions and monitoring procedures were recorded.

**Results:** Patients were female on 20(66.7%), White British on 14(46.7%), and under the MHA on 29(96.7%) occasions respectively. Diagnoses most frequently recorded were Schizophrenia 7(23.3%), Bipolar Disorder-Mania 7(23.3%) and Acute and Transient Psychosis 5(16.7%). Verbal de-escalation was used on 8(26.7%), oral medication was repetitively offered on 23(76.7%), a doctor was contacted on 14(46.7%), and the patient was restrained on 22(73.3%) and secluded on 13(43.3%) occasions respectively. Physical observations (blood pressure, pulse, temperature, oxygen saturation, level of consciousness and respiratory rate) were monitored and recorded on 13(43.3%) cases only, and only 3(10%) and 6(20%) had a pre-treatment and post-treatment ECG respectively.

**Conclusions:** IM RT was used on a small percentage of general adult inpatients, almost all detained, mainly with Schizophrenia, Bipolar Disorder-Mania and Acute & Transient Psychosis. Better implementation of the monitoring protocol is needed to improve the quality of care of acutely disturbed patients.